

More You 

**Fallon Community Health Plan
Physician & Provider Orientation**

More Service

- A Provider Relations Representative is assigned to each provider
- We provide face-to-face service.
- Representatives are available for individual or office education sessions.
- FCHP Provider Relations is dedicated to providing excellent service.
- Our highly trained representatives are available weekdays from 8:30 a.m. to 5 p.m. through the Provider Service Line: 1-866-ASK-FCHP, prompt 4

< INSERT REP NAME >

Direct line: 1-508-368-<INSERT #>

Fax line: 1-508-368-9902

E-mail: <insert email>@fchp.org



Agenda

- Who is Fallon Community Health Plan?
- Where is FCHP? *An overview of our networks*
- FCHP plans and benefits
- Doing business with FCHP
 - Credentialing
 - Referrals
 - Plan pre-authorizations
 - Claims procedures
 - Appeals processes
- Tools you can use
- FCHP keeps you informed
- Questions



Who is Fallon Community Health Plan?

- Health care services organization with over 30 years of experience
- Mission: *Making our communities healthy*
- Consistently rated as one of the nation's top health plans
- A "More you" health plan
 - More flexibility
 - More customer-focused benefits and services
 - More support



Where is FCHP?

An overview of our networks

FCHP has developed different provider networks to suit the needs of our members.

Employers and individuals choose their provider network and then they choose their plan, or benefit structure.

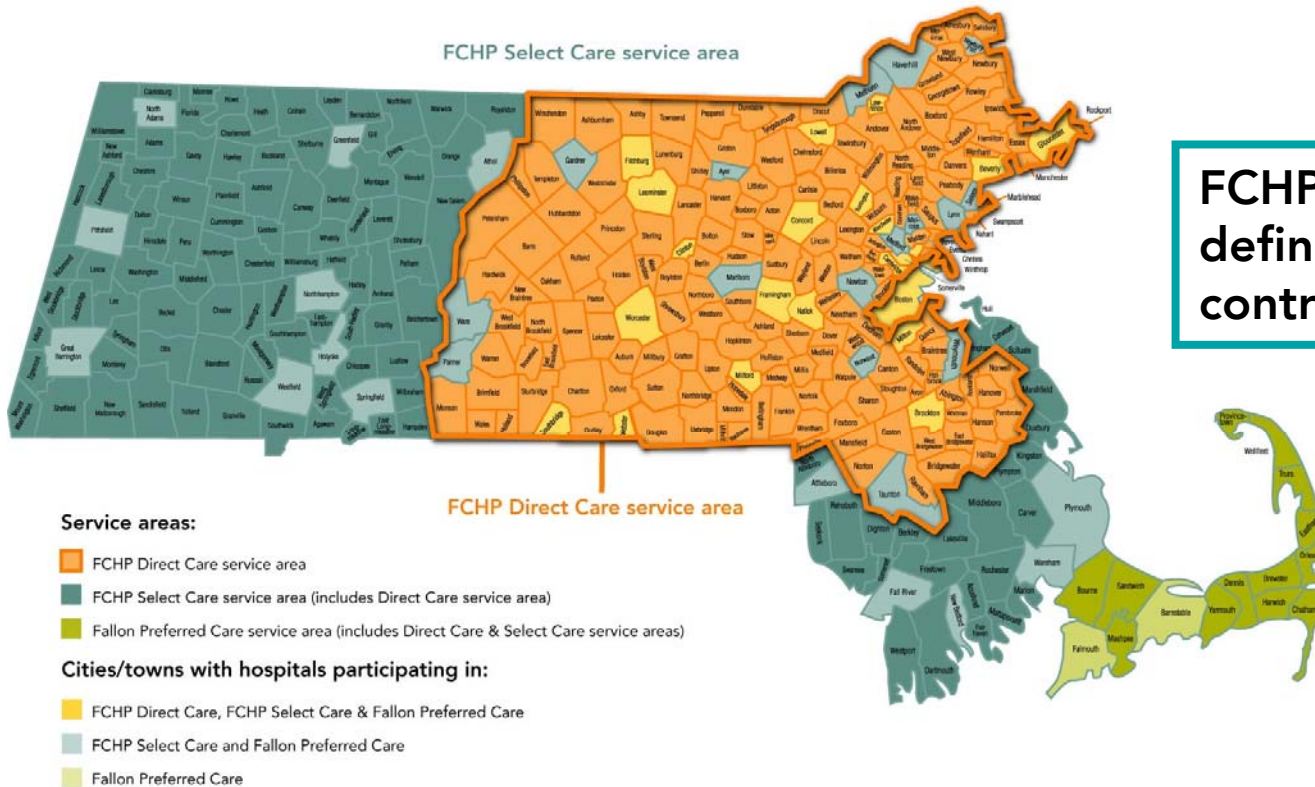
The three commercial networks offered by FCHP are:

- FCHP Direct Care—a tailored HMO network
- FCHP Select Care—a more expansive HMO network
- Fallon Preferred Care—combined with PHCS/Multiplan providers, a nationwide network of over 550,000



Where is FCHP?

An overview of our networks, cont.



09-715-005 Rev. 02/3/09



FCHP Direct Care (HMO)

Medical groups:

- ✓ Acton Medical Associates
- ✓ Cape Ann Medical Center
- ✓ Cape Ann Pediatrics
- ✓ Charles River Medical Associates
- ✓ Fallon Clinic
- ✓ Greater Lawrence Family Health Center
- ✓ Highland Healthcare Associates IPA
- ✓ Lahey Clinic Physicians
- ✓ Lawrence General IPA
- ✓ Lowell General PHO
- ✓ Mount Auburn Cambridge IPA
- ✓ Northeast PHO
- ✓ Signature Healthcare Bridgewater Goddard Park Medical Associates
- ✓ Southboro Medical Group
- ✓ Woburn Pediatrics

Hospitals:

- ✓ Addison Gilbert Hospital
- ✓ Beverly Hospital
- ✓ Emerson Hospital
- ✓ Harrington Memorial Hospital
- ✓ HealthAlliance Hospitals
- ✓ Hubbard Regional Hospital
- ✓ Lahey Clinic
- ✓ Lawrence General Hospital
- ✓ Lowell General Hospital
- ✓ MetroWest Medical Centers
- ✓ Milford Regional Medical Center
- ✓ Mount Auburn Hospital
- ✓ Saint Vincent Hospital
- ✓ Signature Healthcare Brockton Hospital
- ✓ Winchester Hospital



FCHP Direct Care (HMO)

- FCHP Direct Care provides access to a tailored network of providers and community-based hospitals in Massachusetts.
- FCHP Direct Care members must choose a PCP from the FCHP Direct Care network, and they must receive PCP referrals for specialty care.
- To provide services to an FCHP Direct Care member, you must be an FCHP Direct Care contracted provider.



FCHP Select Care (HMO)

- FCHP Select Care provides access to an expansive network of providers and community-based hospitals throughout Massachusetts.
- The FCHP Select Care network includes the entire FCHP Direct Care network, and extends out to providers and hospitals in Western Massachusetts, and down to the southeastern coast.
- FCHP Select Care members must choose a PCP from the FCHP Select Care network, and they must receive PCP referrals for specialty care.
- To provide services to an FCHP Select Care member, you must be an FCHP Select Care contracted provider.



Fallon Preferred Care (PPO)

- A preferred provider option, Fallon Preferred Care allows members to see anyone they wish, with no PCP necessary, and no referrals required.
- If a Fallon Preferred Care member seeks care from an in-network provider, their out-of-pocket costs will be less.
- “In-network” includes the Fallon Preferred Care network, as well as the nationwide PHCS/Multiplan networks.
- If you are not a Fallon Preferred Care or PHCS/Multiplan contracted provider, you can still provide out-of-network services to Fallon Preferred Care members.



FCHP Plan Choices

No matter what network a member has chosen—FCHP Direct Care, FCHP Select Care or Fallon Preferred Care—the following product options are available.

Copayment Non-Deductible plans:

Premium Saver Value I

Premium Saver Value II

Premium Saver I

Premier I

Premier Value

Premium Saver Basic I

Premium Saver Basic II

Deductible plans:

Care Choice 2000

Care Choice 1250

Premium Saver 2000
w/\$500 inpatient copayment I

Premium Saver 2000

Premium Saver 1000

Premium Saver 500

Premium Saver 65/35

Also:

Premier II, Premium Saver II and Premium Saver 2000 w/\$500 inpatient copayment II are available only with FCHP Direct Care and FCHP Select Care, and have a closed formulary.

Premium Saver 1000 (80/60) and Premium Saver 500 (90/70) are available only with Fallon Preferred Care.



FCHP Plan Choices *continued*

- **FCHP Flex Care Direct & FCHP Flex Care Select**
 - Point-of-service plans
 - Members utilize either the FCHP Direct Care or FCHP Select Care network for all in-network care, at the copayment amounts listed on their ID card. At any time, members can see a provider outside of the network for a 20% coinsurance.
- **Major Medical indemnity plan**
 - No designated network
 - Members can see any provider they choose for a 20% coinsurance.
- **Commonwealth Choice Plans**
 - Members utilize either the FCHP Direct Care or FCHP Select Care networks – the ID card will specify the network.
 - Young Adult Plan, for 18-26 year olds & only available through the Health Connector, only provides access to the FCHP Select Care network.
- **Commonwealth Care FCHP Direct Care**
 - Members of these plans must receive care within the FCHP Direct Care network
 - These plans are available to people with incomes at or below 300% of the federal poverty level, and premiums are government subsidized based on income.



More features with FCHP

- **\$0 wellness visits**—routine physicals with no out-of-pocket expense.
- **It Fits!**—annual fitness reimbursement of \$400 for families, \$200 for individuals, can be used for healthy activities like school & town sports programs, ski lift tickets, gym memberships, Weight Watchers®, fitness classes, & more!
- **Oh Baby!**—program for new and expecting parents that includes a free car seat, home safety kit, prenatal vitamins, and reimbursement for childbirth classes—all at no extra cost!
- **Eyewear**—discounts on frames and lenses, nonprescription sunglasses and contact lenses at participating optical shops
- **Family dental**—dental coverage for the entire family through Dental Benefit Providers (DBP). Not available with Fallon Preferred Care.
- **Naturally Well**—discounts on chiropractic care, acupuncture and massage therapy services, as well as vitamins and fitness equipment



Fallon Senior Plan™

Medicare Advantage HMO plans

- All plans are available with Basic Rx, Enhanced Rx, or No Rx.
 - Fallon Senior Plan Saver
 - Fallon Senior Plan Standard
 - Fallon Senior Plan Plus
- Fallon Senior Plan HMO members must choose a PCP from the Fallon Senior Plan HMO network, and they must receive PCP referrals for specialty care.
- As a <<provider group>> provider, you are an in-network Fallon Senior Plan HMO provider.
- For a full listing of in-network Fallon Senior Plan HMO providers, please visit our website at fchp.org.



Fallon Senior Plan™ Medicare Advantage PPO plan

- Fallon Senior Plan Preferred is a preferred provider organization.
- Members may see any provider without a referral, but a higher cost-sharing will be associated with services received from a provider who is not in the Fallon Senior Plan Preferred network.
- As a <<provider group>> provider, you are an in-network Fallon Senior Plan Preferred provider.
- For a full listing of in-network Fallon Senior Plan Preferred providers, please visit our website at fchp.org.



Fallon Senior Plan™

Medicare Advantage SNP plans

- Fallon Senior Plan has two Special Needs Plans (SNP's), Fallon Senior Plan Value 1 and Fallon Senior Plan Value 2.
- Fallon Senior Plan Value 2 is only available within Worcester County.
- Members must be enrolled in Medicare and Medicaid (or a Medicare Savings Program).
- Members pay no monthly premium and receive Medicare prescription drug coverage.
- Members must choose a PCP from the Fallon Senior Plan Value 1, or Fallon Senior Plan Value 2 network, and they must receive PCP referrals for specialty care.
- Members of these plans receive similar comprehensive benefits as our other Fallon Senior Plan choices, but most of the copayments are lower.



2009 Fallon Senior Plan copayments

	Saver plans	Standard plans	Plus plans	Preferred Enhanced Rx		Value plans	
				In-network	Out-of-network	Value 1	Value 2
<u>Office visits</u>							
Primary care	\$15	\$15	\$10	\$20	\$40	\$0 or \$5	\$0
Specialist	\$25	\$20	\$15	\$25	\$40	\$0 or \$10	\$0
Inpatient hospitalization	\$175 per day for days 1-5	\$125 per day for days 1-5	\$100 per stay*	\$125 per day for days 1-5	20% coinsurance per stay	\$0 or \$50 for days 1-3	\$0
Skilled nursing facilities	\$20 per day days 1-20	\$20 per day days 1-20	\$20 per day days 1-20	\$20 per day days 1-20	20% coinsurance per stay	\$0	\$0
Worldwide emergency care	\$50	\$50	\$50	\$50	\$50	\$0 or \$50	\$0

* Separate \$300 out-of-pocket limits for acute/rehabilitation hospital stays and mental health hospital stays



Summit ElderCare®

- **Programs of All-Inclusive Care for the Elderly (PACE)**
- **Provides older individuals and their caregivers an innovative choice in health care.**
- **Works with the participant's family members and caregivers to develop a plan that takes all the health, family and personal considerations into account.**
- **Each participant has access to experts in geriatric care who work as a team to help participants live healthy, productive lives in the comfort of a home-based setting, rather than an institutional environment such as a nursing home.**
- **Locations: Worcester (East Mountain St. & 1369 Grafton St.), Charlton, and Leominster**



Doing business with FCHP



FCHP credentialing process

FCHP is a member of Healthcare Administrative Solutions, Inc. (HCAS)

Initiating credentialing with FCHP:

- Fax HCAS enrollment form, W-9 and/or signature page to 1-508-368-9902 (Enrollment form is available at www.hcasma.org. Click on "Resources," then "HCAS Enrollment Form.")
- If provider does not have an existing Council for Affordable Quality Healthcare (CAQH) ID number, one will be sent via mail from CAQH within 5-10 business days.
- Register and login to CAQH at www.caqh.org to complete the Integrated Massachusetts Application (IMA).
- For questions or assistance with the IMA process call CAQH at 1-888-599-1771.

Enrollment form must be completed by contract administrator.



Member self-referral

Within product network:

- OB/GYN visits – per Managed Care Act
 - Annual preventive gynecological visit
 - Medically necessary evaluations and treatment
 - Obstetrical visits
- Mammogram
- Oral surgery (impacted teeth only)
- Routine eye exam
 - Fallon Senior Plan – every 24 months
 - Commercial plan – every 12 months

Outpatient mental health/substance abuse (*for visits 1-8*)

- Beacon Health Strategies (1-888-421-8861)



PCP referral procedure

Referrals for specialty care are required for commercial HMO and Fallon Senior Plan HMO members.

Referral process is as follows:

- PCP refers member to a specialist within the member's product for medically necessary care.
 - PCP provides specialist with their name, NPI number, reason for the referral and number of visits approved. This can be done by fax, phone or Rx.
 - The specialist verifies member's eligibility, treats the member according to the PCP's request and exchanges clinical information with the PCP.
- ***If a specialist decides that a member needs a service that they cannot provide, the PCP will need to initiate a new referral to the appropriate specialist.***



PCP referral procedure *continued*

- The specialist submits a claim to FCHP with the PCP's NPI on the claim as proof of referral.

14. DATE OF CURRENT ILLNESS (First symptoms) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY	15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE DR. JOHN SMITH	17a. _____ 17b. NPI 0123456789	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY
19. RESERVED FOR LOCAL USE (Relate items 1,2,3 or 4 to item 24e by line)		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY 1. _____ 2. _____ 3. _____ 4. _____		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER

Failure to include complete referral information on claims will result in denial.

- PCP referrals will be accepted retroactively up to 120 days from the date of service:
 - Call 1-866-ASK-FCHP, prompt 1 and FCHP will accept the referral number via the telephone
 - Submit a corrected claim on paper



Physical therapy & chiropractic referral procedure

- For a referral to a participating physical therapist or chiropractor, the PCP must provide the member and/or provider with a written prescription.

	For physical therapy referrals:	For chiropractic referrals:
Script should include:	<ul style="list-style-type: none"> • Referring provider's name & address • Member's name and identification number • Referral issue date • Primary diagnosis code 	
Claim submission process:	PT claims do not require submission of prescription, and should be submitted to FCHP.	Chiropractor needs to submit a copy of the prescription to American Specialty Health Network when submitting the initial claim.

Good news! Effective 4/1/09, the number of physical and occupational therapy visits allowed each year is changing from 20 per illness or injury to 60 visits per calendar year for physical and occupational therapy combined.



Radiology prior notification program

- FCHP has implemented a prior notification program for all outpatient MR, CT, nuclear cardiac, and PET imaging studies for most FCHP members.*
- MedSolutions is the administrator of this program.
- Three ways to contact MedSolutions to request a notification number:
 - Web portal: <https://www.medsolutionsonline.com>
 - Fax: Fax forms are available at www.medsolutionsonline.com or by calling the MedSolutions' Customer Service Department toll-free at 1-888-693-3211.
 - Phone: 1-888-693-3211, 8:00 a.m. to 9:00 p.m. eastern time
- NOTE: Imaging studies performed during an inpatient admission or emergency room visit are not included in this program.

** This program is effective for all Fallon Community Health Plan members except MassHealth, Summit ElderCare, Major Medical, UltraBenefits, Fallon Senior Plan Preferred (Medicare PPO), Fallon Preferred Care (Commercial PPO) and Fallon Companion Care.*



Preauthorization process

Plan preauthorization must be obtained by the requesting physician for the following:

- Office-based procedures identified on the procedure codes list
- Elective hospital/facility same-day surgery and ambulatory procedures on the procedure codes list
- Infertility/assisted reproductive technology (ART)
- Oral surgery services and treatment
- Plastic reconstructive surgery and treatment
- Transplant evaluation
- Neuropsychological testing
- Genetic testing
- DME (except procedures identified on the DME list)
- Oxygen
- Home health
- Non-emergent ambulance
- All services with noncontracted, tertiary and Peace of Mind Program™ providers and facilities
- All unlisted CPT-4 and unspecified HCPCS codes
- All elective inpatient admissions
- PET scans (for products not participating in MedSolutions)

Note: For a listing of the most current codes requiring preauthorization, please visit our Web site at fchp.org, and see the online *Provider Manual*.



Preauthorization procedure

- **Submission options**
 - Submit the request electronically on our online preauthorization tool.
 - Submit the Request for Preauthorization form by faxing it to FCHP's Care Services Department at 1-508-368-9700.
- FCHP will send a determination to the requesting physician, PCP and member.
- FCHP will not process retroactive plan preauthorizations.



Claims: paper & electronic

1. Paper claims

- Filing limit is 120 days or as stated in your contract
- Submit paper claims to: Fallon Community Health Plan, P.O. Box 15121, Worcester MA 01615-0121

2. Electronic claims—direct submission to FCHP

- Faster turnaround times
- Eliminates the need for a clearinghouse
- No transaction fee
- Must be 4010 HIPAA-compliant
- EDI coordinators: 1-866-ASK-FCHP, ext. 69968

3. Electronic claims—clearinghouses

- Emdeon: 1-800-845-6592 (Payor ID #22254 for professional and institutional)
- Medavant (formerly ProxyMed): 1-800-792-5256 (Payor ID #22254 for professional)
- McKesson: 1-800-778-6711 or online at mckesson.com/homeflash.html (Payor ID #3801 for professional and Payor ID #1576 for institutional)



Claims adjustments

- **Adjustment – A claim that can be corrected and resubmitted.**
 - **DOB, DOS, procedure code, diagnosis code, invoice required, submission of operative notes**
- **Requests for claim adjustments must be submitted within 120 days of the original Remittance Advice Summary (RAS).**
- **Do not resubmit electronically, drop to paper.**
- **Clearly mark the claim as a “Corrected Claim.”**
- **Complete the provider claims adjustment request form available at fchp.org**
- **Mail claim adjustments to: Fallon Community Health Plan, Attn: Claims Dept., Adjustment Team, P.O. Box 15121, Worcester, MA 01615-0121; Or fax to: 1-508-368-9890**



Provider appeals

- Appeal – If you disagree with the determination made by FCHP, a provider appeal may be submitted.
 - Lack of medical necessity
 - Preauthorization issues
 - Late submission
- Requests for provider appeals must be submitted within 120 days of the original RAS.
- Must be submitted in writing with all pertinent documentation substantiating the request.
- Appeal determinations will be final and binding and in keeping with the provisions of your contract with FCHP.
- Complete the provider appeals request form available at fchp.org.
- Mail provider appeals to: Fallon Community Health Plan, Attn: Provider Appeals Coordinator, 10 Chestnut St., Worcester, MA 01608; Or fax to: 1-508-757-3152.

** Reminder: All appeals submitted after 120 days from the date of the original RAS will be denied.*



Online Provider Tools at fchp.org

- **Once registered, you will have access to these tools:**
 - Eligibility verification
 - Online preauthorizations
 - Claims metrics reports
 - PCP panel reports
 - PCP referral monitoring report
- **To register for accessibility to Provider Tools:**
 1. Download the registration packet at fchp.org
 2. Complete the form and fax it to: 1-508-797-4292
 3. Or mail it to: Fallon Community Health Plan, ATTN: EDI Coordinator, 10 Chestnut St., Worcester, MA 01608-2810
 4. Within two to four weeks, you will receive your username and password.



Provider Tools—Eligibility Verification

- You can verify your patients eligibility on the date of service (120 days back, and 90 days forward)
- You can verify products, copayments and deductibles
- You can search by Member ID, or name and date of birth
- You can also verify eligibility via:
 - PCP panel report
 - Emdeon's website (The POS device is also available)
 - FCHP Customer Service, at 1-866-ASK-FCHP, prompt 2



Provider Tools—Eligibility Verification

continued

Eligibility verification


[Eligibility help](#)

Welcome to Fallon Community Health Plan's online eligibility verification. To begin, simply enter the FCHP Member ID# and the Date of service, or choose "Search by name and date of birth." Your response will identify if your patient is covered by FCHP as of today for the date of service requested. Please be advised that enrollment transactions may occur retroactively, and that confirmation of eligibility is not a guarantee of payment or authorization of medical services. All services are subject to coverage, benefit, network and contract policies and exclusions.


Please Note: You may search for a date of service 120 days prior and 90 days forward from today's date.

Fields with an asterisk (*) are required.

Member ID #:* * Search by Name and Date of Birth

Date of Service:* 

Sample Member ID card front

PHARMACY CARE

Direct Care

OVS 10 PES 0
RX Y COPAYS 10/20/40
ERS 50 INPS 250

NAME JOHN SMITH
ID# 0000154400002 HCO PC DB Y



Provider Tools—Eligibility Verification

continued

This information is being viewed on: 3/5/2009

Eligibility results

As of today, this member is eligible for the date of service requested.

Member ID #:	██████████	Date of service:	1/27/2009
Name:	██████████	Date of birth:	██████████
Address:	██████████		

Plan:	FCHP SELECT CARE	PCP:	██████████
Effective date of current plan:	04/30/2008	NPI #:	██████████
Health care option:	██████████	PCP phone number:	██████████

Office copay:	15.00	Specialist copay:	15.00
Inpatient copay:	250.00	ER copay:	75.00
OB copay:	15.00 FIRST VISIT ONLY	Physical Exam copay:	0.00
Pedi Physical Exam copay:	0.00	Chiro copay:	15.00 (20 VISITS)
Mental Health copay:	15.00	Substance Abuse copay:	15.00
Vision copay:	15.00		



Provider Tools—Online preauthorization

- Enter preauthorization requests for services
- Modify dates of service for preauthorization requests
- View status of preauthorization requests when you are the referring or the servicing provider
- Available only to contracted FCHP providers



Provider Tools—Claims metric reports

- Available only to contracted FCHP providers
- Measure FCHP's performance regarding claims turnaround time and adjudication rates
- Review your claims profile
- Allows you to view/download customized reports



Provider Tools—Claims metric reports

Claims metric report summary

[Back to previous page](#)

This information was last updated on: 3/2/2009

This information is being viewed on: 3/5/2009

Summary statistics are based upon the prior 12 weeks of claims processing activity.

Claims metric report summary: [REDACTED]

Total # of claims received	2910
Total # of claims approved/paid	2689
Total # of claims rejected	89
% of total claims received that are rejected	3.20%
Average # of days from service date until FCHP received claim	10
Average # of days from received date until FCHP processed claim	10
Average # of days from received date until FCHP RAS date	18

Rejection details: [REDACTED]

Reject Reasons	# of claims Rejected	% of claims reject for this reason
REJECT NOT ELIGIBLE	50	56.18%
REJECT DUP CLAIM	17	19.10%



Provider Tools—PCP reports

- **PCP panel reports**
 - For PCPs only
 - Allows you to view/download customized reports
 - Access to your provider(s) only
- **PCP referral monitoring reports:**
 - Enables PCP to view specialists rendering service to their patients



Formulary management

- Online formulary
 - Commercial plans and Fallon Senior Plan
 - Available at fchp.org
- Pharmacy prior authorization criteria
- Prior authorization prescription form
 - Fax: 1-508-791-5101
 - Urgent situations: Call 1-866-ASK-FCHP, prompt 5
- E-prescribing
 - FCHP's PBM, Caremark, contracts with RxHub
 - RxHub interfaces with many e-prescribing companies, including DrFirst[™], epocrates[®] and iScribe[®]
- CVS Caremark
 - Provides injectable medications to physician or patient
 - CVS Caremark Specialty Pharmacy is FCHP's exclusive partner for all specialty drugs dispensed through the retail benefit.



Also available on fchp.org

- Procedure code look-up
- Provider look-up
- *Provider Manual*
- Forms
- Request materials
- Contact us



FCHP keeps you connected

- **Connection**
 - Bimonthly newsletter containing updates and new information
 - Online version also includes policies, additional information and archived information
- **Connection Flash**
 - Sign up for up-to-the minute email alerts

To stay connected, send your email address to askfchp@fchp.org



More ways to reach us

Provider Service Line:

1-866-ASK-FCHP (1-866-275-3247)

- For Claims Department, prompt 1
- For Customer Service Department (to determine member eligibility), prompt 2
- For Care Services Department, prompt 3
- For Provider Relations, prompt 4
- For Pharmacy Services, prompt 5



Thank you!



More information. More service. More you.

